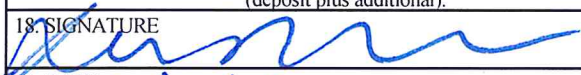


AO 435 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Please Read Instructions:</i>					
1. NAME Reyna Ramirez		2. PHONE NUMBER (617) 933-0350		3. DATE 12/18/2019	
4. DELIVERY ADDRESS OR EMAIL rramirez@carneydefense.com		5. CITY Boston		6. STATE MA	7. ZIP CODE 02116
8. CASE NUMBER 1:15-cr-10271-WGY	9. JUDGE Young	DATES OF PROCEEDINGS			
		10. FROM 5/20/2019		11. TO 10/9/2019	
12. CASE NAME USA v. Levin		LOCATION OF PROCEEDINGS			
		13. CITY Boston		14. STATE MA	
15. ORDER FOR					
<input checked="" type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input checked="" type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input checked="" type="checkbox"/> VOIR DIRE		05/20/2019		<input checked="" type="checkbox"/> TESTIMONY (Specify Witness)	
<input checked="" type="checkbox"/> OPENING STATEMENT (Plaintiff)		05/21/2019		All Ws	
<input checked="" type="checkbox"/> OPENING STATEMENT (Defendant)		05/21/2019		05/20, 05/21, 05/22, 05/29, 05/30	
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		05/29/2019		<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Defendant)		05/29/2019		Final Pre-Trial	
<input type="checkbox"/> OPINION OF COURT				05/14/2019	
<input checked="" type="checkbox"/> JURY INSTRUCTIONS		05/29/2019		<input type="checkbox"/> OTHER (Specify)	
<input checked="" type="checkbox"/> SENTENCING		10/09/2019			
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE 				PROCESSED BY	
19. DATE 12/18/19				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY R				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00

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